



**FIRST 18 Boys  
18 Girls will be  
admitted**

# **Seminole Nation All Indian Basketball Camp 2012**

**Dates: December 27-28 2012**

**Camp Fee: \$25 Time: 9 a.m. - 4 p.m.**

**@ Mekusukey Mission Gym**

**Deadline: December 19 2012**

## **Instructions:**

**Complete Application, Sign, and send Money Order**

**Mail to: Wildlife, Parks, and Recreation Dept. c/o Victor Bear/ Shane Phillips \*  
PO Box 1498\* Wewoka, OK 74884**

**Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Age: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_**

**(Circle) T-Shirt Size: Youth (10-12) (14- 16) Adult: (S) (M) (L) (XL) (XXL)**

**Native Affiliation \_\_\_\_\_ School Attending \_\_\_\_\_**

**Do you have Insurance? Y N List Insurance info: \_\_\_\_\_**

**Emergency Contact person and Phone # \_\_\_\_\_**

**Medical Information and allergies: \_\_\_\_\_**

Consent: I authorize a representative of the Seminole Nation Staff, Camp Director, and Instructors to seek medical treatment for my child, if I am not present, while participating in this camp. In consideration of the sponsors and facility owner accepting this application, I hereby release and waive all rights to any claim for damages and/ or injury my child may suffer while participating in this camp. I understand and agree that medical or other services rendered to my camp by the camp sponsors/ facility owner is not an admission of liability or continued services.

**Signatures of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_**

**Office Use Only:**

**Date Application Received: \_\_\_\_\_**

**Paid: \_\_\_\_\_**